

## Registration Form (R1) for LP-Gas Systems

N.J.A.C. 5:18 – 1.4

Check one

- ☐ LP-Gas System - vapor installation - 2,001 to and including 9,999 gallon aggregate water capacity. Note: For LP-Gas vapor systems of 2,000 gallon aggregate water capacity and less, submit form "Notice of LP-Gas Installation" according to N.J.A.C. 5:18 – 6.4
- ☐ LP-Gas System - liquid transfer - up to and including 9,999 gallon aggregate water capacity.
- ☐ Change in operator of existing LP-Gas System. ☐ Change in ownership of existing LP-Gas System.

System Owner – Company Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Person – Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

System Operator - Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Person – Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

System Location Address: \_\_\_\_\_ City: \_\_\_\_\_  
(if different from above mailing address)

Zip Code: \_\_\_\_\_ Contact Person – Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

LP-Gas Supplier (s): \_\_\_\_\_ Supplier License No.: \_\_\_\_\_ (required after 1/1/04)

Number and Size (water capacity) of containers / tanks: \_\_\_\_\_

Type of LP-Gas (circle): odorized propane non-odorized propane butane propylene butylene

For fill plant or dispensing station systems, individuals trained to dispense LP-Gas at the system location:

Name

Training Program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For industrial plants, the person responsible for the operations of the liquid and/or vapor LP-Gas system:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

I certify that as the system owner and/or designated representative of the Company registering this LP-Gas System, all the above information is correct and this LP-Gas System will be operated in accordance with N.J.A.C. 5:18 and NFPA 58 standards as required by these regulations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For use by the Bureau of Code Services:** Registration Approved: Yes No

Inspection Date: \_\_\_\_\_ Inspection Report No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Form R1, rev 6/03